

**COMMUNITY ARTS DEVELOPMENT GRANT
PARTNER INFORMATION FORM**

Primary Partner's Name: _____

A Partner Information Form must be completed by each member of the partnership, including the Applicant Organization (primary partner).

____ Primary Partner/Applicant Organization ____ Collaborating Partner
Federal Employer ID Number _____

Organization Name _____
Street Address _____
Mailing address (if different) _____
City/State/Zip _____
Telephone _____ TTY/TDD Number _____
Fax Number _____ Web Site _____

Executive Director/Equivalent _____ Title _____

Project Contact Name _____ Title _____

Project Contact Telephone _____ E-Mail _____

Briefly describe how your organization will contribute to this project.

Partners are encouraged to submit any support materials that will contribute a better understanding of their organization and the proposed project.

Authorized Signature: I certify that my organization is committed to the completion of the proposed activities in compliance with NHSCA legal requirements. The information in this application, including attachments, financial statements, and other supporting materials is true and correct to the best of my knowledge. The required public acknowledgement will be given to the NH State Council on the Arts if this application is approved.

Name of Authorizing
Official _____ Title _____

Signature of Authorizing
Official _____ Date _____